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1943.

LEGISLATIVE COUNCIL,  
FIJI.

COUNCIL PAPER, No. 18.

**Medical Department.**

(ANNUAL REPORT FOR 1942.)

**I.—ADMINISTRATION.**

The public health and general medical services continued to be administered by the Director of Medical Services.

The following statement shows the number of Government staff engaged in each of the main subdivisions —

1—MEDICAL.

(a) Medical Officers (inclusive of all full time qualified doctors)	21
(b) Native and Indian Medical Practitioners .. .. .	76

2—SANITARY.

(a) Sanitary Inspectors (qualified) . . . . .	4
(b) Other Sanitary Staff .. .. .	18

3—NURSING STAFF.

(a) Trained Registered Nurses .. .. .	55
(b) Certificated Non-European Nurses .. .. .	137
(c) Others—chiefly Nurses in Training .. .. .	74

**II.—FINANCE.**

The outbreak of war found the Colony with a large approved programme for expanding its hospital and public health services and with prospects favourable for the early financing of that programme from Government sources supplemented by generous assistance from the Rockefeller Foundation. These schemes were brought to a standstill, but if the Colony is to keep up with the times and to make necessary provision for the medical care of the people of Fiji and the neighbouring Pacific Islands, it will be necessary immediately after the war to find means to carry out a programme of expansion which will then be long overdue.

**III.—VITAL STATISTICS.**

The vital statistics are set out in the tables contained in Appendix A.

I should like again to say that the Colony suffers a severe handicap through its having no officer trained in the duties of a Statistician, and to ask that all deductions made from the vital statistics figures should continue to take notice of this deficiency. There was a small and unaccountable increase in the Fijian infant death rate during the year, with the same unfavourable comparison between the Fijian and the Indian child death rate, which becomes particularly marked in the age groups from one to five years. In all the circumstances it is reasonable to say that a Fijian infant mortality rate under 100 per 1,000 births is not unsatisfactory although even present figures can and should be lowered. The facts, firstly, that the Indian population has now crept up to within 4,000 of the Fijian and, secondly, that last year the nett increase in the Indian population was greater by some 1,630 than that of the Fijians, brings to well within the next three years the point at which it may be assumed the Indians will first overtake and then surpass the Fijians in numbers. This now unavoidable eventuality should be regarded less as something essentially disheartening than as an indication that greater progress is within the power of the Fijians.



## IV.—PUBLIC HEALTH.

## A.—STAFF.

The permanent establishment contains only one full time Medical Officer of Health whose specified duties lie within the port as well as the urban and rural areas of Suva, but the separate and urgent claims of public health have necessitated the secondment of two other Medical Officers for full time duties as Medical Officers of Health. Each of the officers concerned is the holder of a D.P.H. One has been posted with headquarters at Lautoka to take charge of the Central and Western Districts, where there is so much industrial development. The other acts as School and Child Welfare Medical Officer of the Suva area. In both instances the initial re-organisation has been well carried out, new services are being created, and firmer and extended control is being established in nearly every field of public health. In places which are still uncovered by the full time Medical Officers of Health the public health duties are carried out *ex officio* by the District Medical Officers. Under the Medical Officers there is a staff of public health nurses, senior and junior, and a sanitary staff graded into qualified Sanitary Inspectors, Sanitary Overseers who are like junior Sanitary Inspectors, and Sanitary Assistants. To these full time salaried officials it is right to add both the voluntary Fijian and Indian pupil welfare workers attached to the Suva clinics, and the Fijian women's voluntary village committees which are the backbone of the native child welfare movement.

## B.—GENERAL.

There has been no change in the form of the public health organisation from that which has been described in earlier reports; that is to say a Central Board of Health taking in its humble way a place similar to that of the English Ministry of Health, and exercising its powers through more or less autonomous local authorities, with the Government Medical Officers acting as the points of co-ordination between the central and district public health organisations and that of the native Fijians, the last being administered under the Native Regulations by a staff of Fijian officials. The next stage in public health development will require that the Central Board of Health shall have its own full time clerical secretary, its own sanitary engineer, and its functions extended to include water supplies, sewerage and drainage.

Similarity between the medical and public health problems of Fiji and neighbouring island groups in the South West Pacific has resulted in the evolution of a system more or less common to all which is based on the Central Medical and Central Nursing Schools and is dependent on the maintenance of these two institutions at a high pitch of efficiency. The facilities for theoretical and clinical teaching have always been reasonably good, and those for teaching public health have undergone a marked improvement in recent years both on the theoretical and the practical sides. The Pathological Laboratory is notably returning a high dividend in the standard of knowledge of preventive medicine with which it is now possible to equip locally trained medical practitioners and nurses. Although the extension and better co-ordination of the public health services has enabled many of the functions of a public health centre to be undertaken, it must be said that the absence of a central building from which these services can be properly administered is the most outstanding deficiency in the teaching and administration of public health.

The relatively high development of the medical and public health services of Fiji, combined with the geographically central position occupied by Suva, make of that town a natural medical centre for all of the neighbouring Pacific Island groups, the unification of whose medical services with those of Fiji is now the next logical step on the road to all round efficiency.

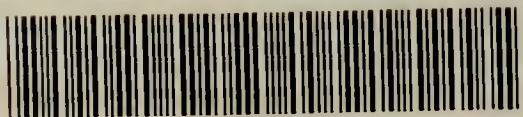
## C.—COMMUNICABLE DISEASES.

The fact that the Colony has remained remarkably free from outbreaks of infectious disease in spite of the much greater complexity of quarantine and the presence of large numbers of the Armed Forces, is a very great tribute to the helpful attitude adopted towards Fiji's domestic health problems by the Naval and Military Medical Authorities, and to the close co-operation established from the very beginning between those authorities and the civil health officers.

The following communicable diseases call for some brief comments:—

(a) *Tuberculosis* is still the greatest single disease problem with which the Colony is faced. The absence of a special tuberculosis department does not indicate that this disease has been neglected in the past. On the contrary it has been treated in a routine manner with great seriousness and, be it said, with a success which is evidenced in the survival against its onslaught of the unprotected Fijian race, and in an increasing demand for treatment which is very difficult to concede with existing facilities. A step of great importance was taken early in the year when one of the two buildings requisitioned as a war emergency hospital for Suva was turned into a sixty bed temporary tuberculosis annexe to the Colonial War Memorial Hospital. A further effort to provide tuberculosis annexes at two other hospitals was brought to a temporary standstill by the shortage of building materials, but the funds still remain ready for use when the war situation clears. These additions, accomplished and contemplated, constitute the first steps in treating tuberculosis as a special subject and the foundation for the development of a scheme which will deal with the problem intensively in the home as well as in the hospital.

(b) *Venereal Diseases* would have been matters of great danger but for the system for their control which has been built up in collaboration with the Military Health Authorities. Amongst the Armed Forces these diseases are fairly adequately checked in the prophylactic stations, and the danger has therefore been greatest to civilians and especially to Fijians. However, instead of





the general demoralisation which was at first feared taking shape, the sources of infection and possible danger seem more or less to be limiting themselves to a definite section over which it is possible to exercise fairly accurate supervision. Some extensions in the female sections of hospitals have been necessitated.

(c) *Typhoid and Dysentery*.—The notifications for the former were 66 and for the latter 465 and, except for one restricted outbreak in Lautoka, there was no tendency in either case to assume epidemic form. Although the liability to outbreaks in both cases is a continuing one, the marked lowering of case incidence during recent years must be attributed to better sanitation and improved knowledge on the part of the public of environmental hygiene.

(d) *Yaws*.—It will be interesting during the coming year to note the effect of the present shortage of the arsenical preparations for treatment of this disease. The notifications are not as yet of any significance.

(e) *Ankylostomiasis*.—Although the infection rate is relatively high, particularly in the wet zones, the infestation rate is being well maintained at a low level, and there is little clinical evidence of the effects of infection.

#### D.—HOUSING.

Military requirements, by absorbing all building materials, almost completely brought civilian building to a standstill, and the situation was further aggravated by the requisitioning of so many civilian institutions and houses for military occupation. Further complications arose from the influx of labourers to undertake military work in the already overcrowded main centres. Yet in spite of all these adversities there has been a remarkable absence of infectious outbreaks, even Cerebro-spinal Fever (perhaps thanks to the warm damp climate and the sunshine of Fiji) has been limited to a few cases where it has appeared in the military and labour camps and even in the towns. This fortunate freedom from infectious disease is chiefly attributable to the extreme vigilance of the public health officers and to the close co-ordination of civil and military effort in this regard.

But apart from temporary inconveniences due to the presence of Armed Forces, the housing shortage, particularly in the instance of the Suva working classes, has long been acute and is now spreading to other centres where relatively dense concentrations of the population are taking place, and even to the rural areas. A great deal of valuable work has been done by the sugar and mining companies in improving the housing conditions of their employees, and in a lesser degree this is also the case with the Public Works Department. Nevertheless, the great bulk of this work has yet to be accomplished, and necessitates the preparation and application of building schemes primarily for the congested areas, but taking note also of rural requirements. Points that require particular attention are the control and distribution of building materials, security of tenure, and the devising of some scheme or schemes which will replace communal house building by the Fijians where this system is becoming difficult owing to movements of population from village to industrial centre.

#### E.—WATER SUPPLIES.

Long needed extension and improvement of the Suva water supply area had to be carried out to meet the requirements of the Armed Forces, but improvement and new construction in other places have been brought almost to a standstill by the war. The Colony being very prone to intestinal infections of various kinds, its Government has done a good deal towards providing the people with water, but it has been prevented from carrying out a complete programme by shortage of funds. Among the places where new supplies are most urgently needed are Nausori (with the Rewa River delta) and Navua. The principle of chlorinating existing supplies has been acknowledged and steps are now being taken to carry out first the chlorination of the main supplies of the Colony, and later, it is hoped, their prior sedimentation and filtration as well. A sharp outbreak of Flexner dysentery in Lautoka which was brought rapidly under control, having been traced to a contaminated water supply, gave an impetus to water purification.

#### F.—NUTRITION.

No scarcity of essential food stuffs has yet resulted from the war. On the contrary an abundance of local crops has resulted from the stimulus given to planting. There was therefore no increase in malnutrition, which remains a very limited problem confined to the town areas. The Nutrition Committee has been active chiefly in the realm of propaganda, and in this regard work of great value is being undertaken by the Director of Education and the officers of his department through the schools.

#### G.—MALARIA CONTROL.

Precautions against the anopheline mosquito were introduced in 1929 and since then the quarantining of vessels arriving from infested places has been strictly carried out by a competent and trustworthy staff. Communication between Fiji and the malaria infected islands was well established even in pre-colonial days and the fact that the anopheline was not introduced at this time when no precautions were taken against its arrival is probably attributable, first, to the south east trades which were contrary winds to sailing vessels coming from the west, lengthening their voyages and washing their decks with salt spray, and, second, to the general habit of filling ships' water casks from fast running streams which were free from mosquito infestation. Be that as it may the mosquito was not introduced in the days of sail and after the establishment of regular power vessels its entry has been prevented by strict quarantine. This security, combined with



shortage of funds, has constantly reacted against the success of any campaign to reduce the prevalence of mosquitoes within the Colony. When the war entered the Pacific it brought the air factor into the situation which it further complicated by the immensity of the volume of the traffic by sea and air from infested to non-infested places; while conditions for the spread of the anopheles, once introduced, were altogether favourable to that vicious insect. The situation has been met by close co-operation between the medical units of the Army and Navy and the civil public health officers resulting in the careful surveillance of quarantine at the sea and air ports, and a co-operative scheme for the control of mosquito breeding places within the Colony. At the date of the preparation of this report many months after the danger first showed itself in an acute form, there is nothing to suggest that the quarantine measures even by themselves have not kept the anopheles out, and it may now be reasonably assumed that these measures combined with the campaign against breeding places should afford the Colony complete protection.

#### H.—CHILD WELFARE.

The Fijian section was carried on with very much the same staff as in former years, although the post of Child Welfare Nurse at Macuata remained unfilled until the end of the year, and it was impossible to fill the new post at Savu Savu. Owing to the keenness of the natives the work was nevertheless maintained at a reasonably satisfactory level in the country districts, while in Suva it made admirable progress under the direction of the School and Child Welfare Medical Officer. A splendid mobile clinic was designed by this officer and its services which cover the Suva town and rural areas was initiated in 1942. The mobile clinic has been constructed in a manner which enables it to be used as a combined mobile first aid unit and ambulance for four casualties. The benefits of the Suva clinics are available to all races.

#### V.—HOSPITALS AND DISPENSARIES.

The phrase "Hospitals and Dispensaries" has figured in all past annual reports, and while it is suggestive of curative medicine, in the conditions of Fiji some of the hospitals and all of the country dispensaries are also the local public health headquarters.

Fiji with a civil population of about 220,000 (that of a smallish city), too isolated to enjoy the hospital facilities of its neighbouring Dominions, has aimed at building up one first class hospital of its own and may now be said to have accomplished this object in the Colonial War Memorial Hospital in Suva, in spite of the defects of structure and of site of that institution. This means that practically every modern form of medical and surgical treatment is available to all classes without leaving the Colony. For places outside the Suva area the policy during recent years has been to develop regional hospitals at convenient points where all ordinary medical and surgical work can be efficiently undertaken. There are now four such regional hospitals and they are situated at Lautoka, Levuka, Labasa and Taveuni. There is a third class in the provincial hospital of other days which is useful in the general shortage of beds, and particularly so in epidemics. With this Colony's limited financial resources, the need to develop its main hospital has necessarily diverted funds from the other hospitals, while the policy of developing regional hospitals has depleted the provincial hospital down to a figure which is sufficient only for its barest necessities. Now that this policy has taken definite shape, it is hard to see how it could have been bettered in the light of local circumstances and the Colony's resources.

The report of the Medical Officer in Charge on page 7 indicates the volume and variety of the work of the Colonial War Memorial Hospital, which should properly be rated as a 180 bed hospital, although the shortage of accommodation had long since so led to the occupation of all available space that its actual contents have been raised to the total of 210 beds and cots. The demand for hospital expansion was brought very clearly to light by the fact that the 100 additional beds which were improvised in Suva to meet the contingencies of the war were rapidly filled by ordinary civilian patients without appreciably affecting the admissions to the main hospital. The absence of obstetric and infectious diseases departments has been the subject of comment in former reports, and Government is taking note of all these facts in the preparation of its plans for the post war development of the Medical Department.

It has been gratifying to make reference in appropriate places to the services rendered to the public health of the Colony by the United States Army health officers, and it is no less pleasing at this point to make grateful acknowledgement of the valuable help given to the public of all classes, to the medical and nursing staff and to the medical and nursing students at the Colonial War Memorial and Lautoka Hospitals by the specialists in all branches of medical and surgical practice of the United States Army. It would be impossible to exaggerate the advantages which have accrued to the Colony from these associations.

*Central Leper Hospital.*—The affairs of the Central Leper Hospital, Makogai, are set out in detail in the report of the Medical Superintendent beginning on page 14.

*Mental Hospital.*—The total number of patients treated during the year was 121, of which 80 were left over from the previous year and there were 41 new admissions during the year. During the year 24 patients were discharged unconditionally and one on trial. There were 19 deaths, all of which occurred in the Mental Hospital, and 77 patients remained at the end of 1942. The duties of Medical Superintendent continued to be carried out by Dr. D. W. Hoodless conjointly with those of his substantive post of Principal of the Central Medical School. The institution was maintained in a most satisfactory condition, and there was a complete absence of outbreaks of epidemic disease.



## VI.—MEDICAL EDUCATION.

### A.—CENTRAL MEDICAL SCHOOL.

The Principal's report which begins on page 20 gives an interesting summary of the work done during the year 1942.

### B.—CENTRAL NURSING SCHOOL.

The first separate report of this School will be found on page 17 and with it a short historical survey which has been prepared by the Nursing Superintendent.

## VII.—CIVIL DEFENCE.

The war has thrown considerable additional strain on all of the officials of the Medical Department, which was due to the necessity to make the fullest possible preparations to meet the contingency of an attack and was not, therefore, appreciably lessened by the fact that no attack has as yet actually taken place. It was impossible to make full and adequate provision to meet the need for increased hospital accommodation to provide for civilian casualties owing to the facts:—

- (a) that civil hospital accommodation is insufficient for peacetime needs;
- (b) that building materials are almost impossible to obtain;
- (c) that nearly all buildings of suitable type were requisitioned for military purposes; and
- (d) that it was extremely difficult to make additions to medical or nursing staff.

Two emergency hospitals were actually opened in Suva, and others were made ready on a smaller scale in other places. Although the accommodation could not be regarded as anything like satisfactory, there is no doubt that if the necessity had arisen the situation would have been met by improvisation. First aid arrangements at the vulnerable centres were satisfactorily organised through the loyal co-operation of the public, who enrolled themselves voluntarily for all sections of this important work. It was fortunate that the Colony had as the backbone for the training of First Aid personnel the local branch of the St. John Ambulance Brigade Overseas. The medical unit of civil defence had actually been organised prior to the outbreak of war with Germany.

As regards Civil Defence in general the duties of Director were entrusted by His Excellency the Governor to the Director of Medical Services with effect from the 4th August, 1942. Prior to that date a great deal of valuable work in arranging emergency services and constructing air raid shelters and ordering equipment had been carried out by Mr. G. K. Roth, an Administrative Officer, who at that time was Chairman of the Suva Town Board.

Practices were frequently held at all centres throughout the Colony, and it is gratifying to record that they showed not only efficiency on the part of the actual Civil Defence workers, but also the fullest possible co-operation with Civil Defence on the part of the public. The soapstone formation in and around the town of Suva enabled a very effective system of underground shelters to be constructed capable of accommodating the entire population of the town and allowing margin for visitors. In other places geologically less fortunate, resort was had to slit trenches with all their attendant disadvantages.

V. W. T. MCGUSTY,  
Director of Medical Services.

## APPENDIX A.

### VITAL STATISTICS.

The estimated population at the end of 1941 and 1942 was:—

Race.	Males, 1942.	Females, 1942.	Total, 1942.	Total, 1941.	Increase.	Increase per cent.
Europeans .. ..	3,093	1,824	4,917	4,494	423	9.41
Euronesians .. ..	2,755	2,656	5,411	5,229	182	3.48
Fijians .. ..	55,485	53,735	109,220	107,104	2,116	1.92
Rotuma (all races) ..	1,650	1,600	3,250	3,175	75	2.36
East Indians .. ..	58,379	47,202	105,581	101,841	3,740	3.67
Polynesians .. ..	1,117	670	1,787	1,770	17	.96
Chinese .. ..	1,826	467	2,293	2,236	57	2.54
Others .. ..	739	697	1,436	1,431	5	.34
Total ..	125,044	108,851	233,895	227,280	6,615	3.08

The number of births recorded during the last four years was:—

Race.	1939.	1940.	1941.	1942.	Crude birth-rate per 1,000, 1942.
Europeans .. ..	83	94	137	60	12.20
Euronesians .. ..	139	173	153	206	38.07
Fijians .. ..	3,672	3,776	3,940	3,790	34.70
Rotumans .. ..	98	142	145	143	44.00
East Indians .. ..	3,678	4,019	4,595	4,514	42.75
Polynesians .. ..	54	71	53	51	28.54
Chinese .. ..	34	53	79	68	29.65
Others .. ..	84	75	54	5	3.48
Total ..	7,842	8,403	9,156	8,837	37.78

The general birth-rate in 1941 was 40.28.

The number of deaths recorded during the past four years was:—

Race.	1939.	1940.	1941.	1942.	Crude death-rate per 1,000, 1942.
Europeans .. ..	31	25	39	32	6.50
Euronesians .. ..	50	34	31	24	4.43
Fijians. .. ..	2,207	1,654	1,708	1,674	15.32
Rotumans .. ..	74	58	45	68	20.92
East Indians .. ..	1,192	799	810	768	7.27
Polynesians .. ..	62	34	46	54	30.21
Chinese .. ..	10	8	15	12	5.23
Others .. ..	7	31	11	0	0.00
Total ..	3,633	2,643	2,705	2,632	11.25

The general death-rate for 1941 was 11.90.

The marriages, births, deaths and natural increase for 1942 were:—

Race.	Marriages.	Births.	Deaths.	Increase.	Increase per 1,000	Decrease.
Europeans .. ..	46	60	32	28	6.23	....
Euronesians .. ..	66	206	24	182	34.81	....
Fijians .. ..	903	3,790	1,674	2,116	19.76	....
Rotumans .. ..	20	143	68	75	23.62	....
East Indians .. ..	969	4,514	768	3,746	36.78	....
Polynesians .. ..	13	51	54	....	....	3
Chinese .. ..	19	68	12	56	25.04	....
Others .. ..	2	5	0	5	34.93	....
Total ..	2,038	8,837	2,632	6,208	27.21	3

#### INFANTILE MORTALITY, 1942.

Race.	No. of deaths under 1 year.	Rate per 1,000 births.
Europeans .. ..	1	16.66
Euronesians .. ..	10	48.54
Fijians. .. ..	320	84.43
East Indians .. ..	198	43.86
Polynesians .. ..	8	156.88
Others .. ..	3	41.09
Rotumans .. ..	13	90.91
Total ..	553	62.56

#### APPENDIX B.

##### RETURN OF DISEASES AND DEATHS FOR THE YEAR 1942 AT GENERAL AND PROVINCIAL HOSPITALS.

*Note.*—This classification is based on the International List of causes of death, 1929.

The year was noteworthy for the absence of any serious outbreaks of epidemic diseases.

<i>Diseases.</i>	<i>Total.</i>	<i>Deaths.</i>
I.—Infectious and Parasitic Diseases .. ..	3,701	181
II.—Cancer and Other Tumours .. ..	164	27
III.—Rheumatism, Diseases of Nutrition and of Endocrine Glands and Other General Diseases .. ..	306	13
IV.—Diseases of Blood and Blood-forming Organs .. ..	173	20
V.—Chronic Poisoning .. ..	16	1
VI.—Diseases of the Nervous System and Sense Organs .. ..	696	39
VII.—Diseases of the Circulatory System .. ..	370	67
VIII.—Diseases of the Respiratory System .. ..	560	72
IX.—Diseases of the Digestive System.. ..	1,624	50
X.—Diseases of the Genito-Urinary System (Non-Venereal) .. ..	680	24
XI.—Diseases of Pregnancy, Childbirth and the Puerperal State .. ..	1,110	13
XII.—Diseases of the Skin and Cellular Tissues .. ..	1,401	15
XIII.—Diseases of the Bones and Organs of Locomotion .. ..	141	2
XIV.—Congenital Malformation .. ..	34	4
XV.—Diseases of Early Infancy .. ..	64	33
XVI.—Conditions Associated with Old Age .. ..	30	5
XVII.—Affections Produced by External Causes .. ..	1,525	23
XVIII.—Ill-defined Conditions. .. ..	1,438	1
Totals ..	14,033	587



## COLONIAL WAR MEMORIAL HOSPITAL.

(ANNUAL REPORT FOR 1942.)

The Hospital now comprises the main building in Waimanu Road, a two-storied ferro-concrete building with seven main wards and accommodation in several two-bed and single-bed rooms for special cases; and a Tuberculosis Hospital which is made up of four wards housed in four wooden buildings at the end of Amy Street, Toorak, formerly the Dudley House School for Indian girls. There is also a forty bed hospital for women patients in a concrete building in Toorak Road, formerly the residence of Dr. I. H. Beattie. This accessory hospital is under the charge of the Assistant Director of Medical Services and is a separate entity so it will form the subject of a separate report by him.

### ALTERATIONS AND IMPROVEMENTS.

2.—(a) The spread of the war to the Pacific at the end of 1941 interfered with a considerable amount of the work planned, though it was responsible for much work carried out throughout the year on the protection of the hospital and its inmates. The first of such work was the provision of bomb-splinter protection round the operating theatre block and the reception ward for casualties; of slit trenches; and later of deep tunnel shelters under the Nurses' Home. Towards the end of the year an air-raid siren was placed temporarily on the roof.

(b) Early in the year, to allow of easier casualty treatment, the former paying out-patient consulting room was made a small out-patient and secondary casualty operating theatre; the former out-patient theatre an ophthalmic treatment and dental clinic room; and the former ophthalmic room into the paying out-patient consulting room. These alterations have facilitated out-patient and casualty work considerably.

(c) A larger telephone switchboard with several more telephones in various departments has improved intercommunication, though there is still room for even greater improvement.

(d) Towards the end of the year one of the works planned originally in 1937 in connection with the laundry and steam services was carried out. The men's Native Surgical ward sanitary block was completed, though its final handing over by the Public Works Department had not occurred at the end of the year. This ward formerly had no bathroom, lavatory or sterilizing and preparation rooms—all dressing preparations, urinalyses, etc., were carried out in the ward kitchen! Now there are provided bathroom, shower-rooms, W.C.'s, a urinal, sterilizing room, pan room and a small annexe for venereal cases—a W.C. and a treatment room. The lack of this last has been a serious deficiency in the hospital's equipment. Besides providing all the above and allowing the ward kitchen to be reserved for its proper use, the addition has made direct access between Medical and Surgical wards possible, whereas formerly the transfer of a case from one of these wards to the other meant a long journey for him in the open air in all weathers.

(e) Portion of the hospital grounds may at any time be made into a reservoir for water for fire fighting purposes by closing a sluice gate erected at the end of the main watercourse in the grounds. Provision is being made for a reserve of drinking water by the erection of tanks to hold rain water collected from the laundry roof.

(f) Consequent on the opening of the hospital in Dudley House School in January and of the Women's Hospital in Toorak Road in December, a re-arrangement of hospital accommodation in the main building has been made.

(i) the hospital at Dudley House School was originally occupied by cases of chronic illness and by convalescents from the main building, the object of this emergency hospital being to keep down the number of occupied beds here, to enable any casualties due to possible enemy action to be dealt with rapidly. Later, as the number of cases of tuberculosis accumulating in the Colonial War Memorial Hospital became embarrassing, because of their interference with the number of occupiable beds for the normal admissions to the Medical ward, and also because they interfered with our wish to have beds rapidly available for emergencies, it was found necessary to make the Dudley House School hospital a tuberculosis hospital. Under the name "Isolation" Hospital that is now its function, and it is now found that its number of beds is too small for our needs for tuberculous cases, which again are having to be admitted to the Colonial War Memorial Hospital.

(ii) With the opening of the Women's Hospital in Toorak Road in December, the need for a native Women's ward disappeared. Accommodation for women patients at the Colonial War Memorial Hospital is now available only for Europeans and for paying Native, Indian and other women patients in the Middle wards. The former Women's ward is now used for clean surgical cases in male Natives and Indians, and the former male Native Surgical ward as a Contagious Diseases ward, i.e. for cases of venereal disease in one section, and for infected surgical cases in another. With the increasing work of the hospital even this extra male accommodation is found not to be sufficient for peace time needs. For possible raid victims as well our accommodation is very far from requirements.

### STAFF.

3.—(a) *Consulting Staff*.—The Honourable Dr. V. W. T. McGusty, C.M.G., O.B.E., Director of Medical Services and Dr. D. C. M. Macpherson, Assistant Director of Medical Services.

(b) *Medical Officers*.—There have been numerous changes during the year.

(i) *Medical Officer in Charge*.—To March when he left on sick leave, Dr. R. J. Snodgrass; from March to August and from October to December 31st, Dr. E. V. Maxwell; relieving during Dr. Maxwell's leave, August to October, Dr. D. C. M. Macpherson.

(ii) *Medical Officer*.—To March Dr. E. V. Maxwell; from March to June, none; from June to December 31st, Dr. G. R. Hemming.



(iii) *House Surgeon*.—To June Dr. G. R. Hemming; from June the post has been vacant.

(iv) *Medical Officers temporarily attached*.—Dr. H. B. Hetherington from April to November when he was transferred to the post of Director of Medical Services British Guiana: Major Crawford, from New Zealand, relieved Dr. Hetherington in September for a short period during the latter's visit to New Zealand on duty. The care of the overflow of cases sent to the Dudley House School Hospital at first continued to be the duties of Drs. Snodgrass and Maxwell. On its conversion to the Isolation Hospital for Tuberculous cases it was supervised by Dr. Hetherington and, on his departure, by Dr. Maxwell. It has always been the responsibility of the Medical Officer in Charge, Colonial War Memorial Hospital to carry out the administrative work connected with it.

(c) *Native and Indian Medical Practitioners*.—N.M.P. Henry Tuidraki was the only member of this staff till April. He was relieved by N.M.P. Vilikesa Ramaqa at that time and in the same month the post of I.M.P., vacant since November, 1941, was filled by I.M.P. James Jhinku.

*Post-graduates*.—N.M.P. Emirami Qoro till March 24th; N.M.P. Tekai Arakibo (Gilbert Islands) till 10th May; N.M.P. Mitieli Rokoua from March 23rd to December 31st; N.M.P. Teauoki Bukitana (Gilbert Islands) from 26th July to December 31st.

(d) *Nursing Staff*.—Miss L. M. Lea is Matron and Nursing Superintendent; Miss J. Sinclair, Assistant Matron; Miss C. Wallace, Home Sister and Dietitian; Miss M. Cleary, Tutor Sister of the Native Nurses' Training School.

The following changes in the European Nursing Staff were effected during the year.

(i) *Resignations*.—(Contracts complete or to get married) Sisters Toombs, McGregor, Hetherington, Logan, Montgomery; Staff Nurses Patterson, Tonkin and Godfrey; Nurses Sales, Webb, Hebbend, Shave.

(ii) *New appointments*.—Sisters Reeves, Liddell, Harrison, Marven, Robbins; Staff Nurses Godfrey, Elliot, Ford, Folley, Nixon, Foot; Nurses Thomas and Hunter. On secondment from Tulagi, British Solomon Islands Protectorate, from April 24th, Miss Cleaver, Sister Kennedy.

(iii) *Transfers*.—Sister Shaw to Suva from Labasa; Sister Harrison, Suva to Labasa; Sister Kennedy, to Labasa from Suva; Sister Loughman, Suva to Lautoka; Sister Gimblett, from Lautoka to Suva.

(iv) *Temporary appointments as relief Sisters*.—Mrs. Griffiths and Mrs. Beveridge.

(v) European Nursing Staff admitted ill during the year numbered 43, and 146 were seen as out-patients.

(vi) *Native Nursing Staff*.—Qualified Native Obstetric Nurses' attached, 5; Native Obstetric Nurses' temporarily attached for short periods while awaiting transport on transfer, 6; Native Obstetric Nurses' on refresher courses, 3. Native Pupil Nurses, 54.

(e) *Administrative and other Staff*.—

(i) *Office*.—Steward and Clerk, Mr. A. S. Martin; typists, Miss Agnew, Mrs. Vine, Miss Emberson, have served in that order during the year. Native Clerk, A. Bari.

(ii) *Dispensary*.—Dispenser Mr. E. Seager; Assistant Dispenser, H. Becha. Miss M. Hennings was appointed on December 21st, as a learner in the dispensary to assist in the afternoons at the Women's Hospital. Mr. H. Becha acts as dispenser (part time) at the Isolation Hospital.

(iii) *Laundry*.—Laundry Supervisor, Mrs. Seager; with Assistant Supervisor, Mrs. Whittaker, appointed towards the close of the year because of the doubling of the laundry staff necessitated by the working of two shifts. The working staff is now three boys and 13 girls in each shift, a total of 32.

(iv) *Hospital Mechanic*.—Mr. G. Witty, a member of the Public Works Department Staff attached to the Hospital, primarily to act as Engineer in charge of the Laundry and its subsidiary steam services.

(f) *Staff of Isolation Hospital*.—Miss Reynolds is Sister-in-Charge assisted by two Sisters and a Native Nursing Staff of eleven.

#### HOSPITAL WORK.

4. (a) Beds available:—

(i) Colonial War Memorial Hospital, beds, 156; cots, 46; beds in lazarette, 8; total, 210.

(ii) Isolation Hospital (tuberculous cases only), male, 48; female, 16; total, 64.

(b) Admissions:—

(i) Colonial War Memorial Hospital. Admissions in 1942 numbered 3,834 which is an increase on the 1941 figures by 352.

	1941.	1942.
Europeans .. .. .	214	501
Fijians .. .. .	1,480	1,362
Indians .. .. .	1,512	1,406
Others .. .. .	276	565
	<hr/> 3,482	<hr/> 3,834

The daily average of occupied beds was 118.69 (169.72 in 1941); deaths 212, (5.5 per cent). The total number of diseases treated was 3,768 (4,472 in 1941) and details of these will be found in Appendix I.



The drop in the daily average as compared with 1941 is accounted for, partly by the use of the Emergency Hospital for convalescents, and partly by shortening the length of stay of patients in hospital, both in order to keep as many beds as possible free in the Colonial War Memorial Hospital for possible casualties. The daily averages for each month were: January 75.5, February 87.5, March 88.8, April 91, May 92.5, June 107.9, July 120.9, August 131.6, September 159.4, October 169.8, November 148.4, December 150.5. The steady rise in the average was due to the fact that civilian cases at first treated palliatively as out-patients had finally to be admitted for proper treatment. It was also partly due to the increasing number of military sick admitted.

Operations performed numbered 2,456 (2,272 in 1941). Of this total 54 operations were performed by surgeons of the United States Medical Corps, whose great courtesy in continued and unfailing assistance as consultants, particularly in cases of specialist nature, is very much appreciated by all members of the medical staff.

(ii) *Isolation Hospital*.—Admissions numbered 382.

Europeans	..	..	..	..	2
Fijians	..	..	..	..	177
Indians	..	..	..	..	169
Others	..	..	..	..	34
Total	..				382

Of the 382 patients admitted 276 were non-tuberculous cases transferred from the Colonial War Memorial Hospital when the "Isolation" Hospital was the "Emergency" Hospital and 106 were cases of tuberculosis of lung.

The daily average of occupied beds was 44, and the deaths numbered 26; 25 from tuberculosis, (23.6 per cent).

Minor operations performed numbered 14 and for these 14 local anaesthetics were given. The majority of these were performed by a convalescent tuberculous patient N.M.P. Mitieli Moliduadua whose services in this way have been most useful to the Medical Officer—he is acting as N.M.P. to the hospital—and they serve as a type of occupational therapy in keeping up his interest in his profession and profitably occupying his time.

Tuberculous Patients discharged as healed, for observation as out-patients till they can be called "cured," numbered 23. Considering that most of the 106 cases admitted with this disease were in an advanced state of infection this is quite creditable and should serve to encourage an attempt to make proper provision for the isolation and treatment of tuberculous patients. The present hospital is only a make-shift and is adequate neither in size nor facilities.

Only one case was re-admitted as relapsed, but as there is no follow-up organisation this cannot be regarded as a true figure. In the absence of proper social services no accuracy can be claimed for figures concerning the very serious tuberculosis problem in this Colony.

(c) The ward work in the Colonial War Memorial Hospital has varied little from other years though mention might be made of several interesting cases. The first was a dermoid tumour of the anterior abdominal wall, situated in the right iliac fossa at the junction of the transverse muscles and their aponeuroses before their union to form the rectus sheath. Another was a case of pneumococcal meningitis—ordinarily a very fatal disease—cured by M. & B. 693. The temperature in this case settled within 24 hours of commencing the drug and the case was discharged well in 10 days. There have also been several cases of amoebiasis of the lung (primary and secondary) all of which have been cleared by the use of Emetine Hydrochloride. One case of small intestine intussusception in an adult with no apparent cause was cured by reduction. In this case obstruction was not complete and this led to some delay in operation. A case of concealed accidental hæmorrhage with uterine rupture was successfully dealt with by Cæsarean Section; the child, however, was stillborn.

A number of cases of gunshot wounds, rare in civil practice has occurred chiefly among Defence Force personnel, at least two being self-inflicted. All, except one revolver civilian suicide, were from service rifle bullets, and all but the suicidal head wound recovered. One of particular interest occurred in an Indian woman accidentally wounded by a ricocheting bullet. A very small portion lodged deep in the right thigh and was undisturbed; the main distorted portion entered the right flank, struck the right rib margin where it fragmented, one portion turning down and passing under the rectus abdominis, without wounding peritoneum, to lodge at the umbilicus; the main portion turned up and passed upwards to the left crossing the ribs and sternum subcutaneously to lodge in the second left intercostal space. All were successfully removed and the patient was discharged well ten days later.

Great success has been achieved in the treatment of acute infections, e.g. cellulitis following wounds, filarial myositis, etc., by the use of cold. An icebag applied to such infections has usually resulted in resolution of swelling and subsidence of pain within 24 hours and if suppuration has occurred to the rapid localisation of pus.

The question of venereal disease, as in all other countries in the world, is causing considerable trouble. The special accommodation available for male patients is excellent and sufficient. The other problem, of prevention by segregation of known cases of infection in women, may be partly solved by the putting into operation, in 1943, of the plan suggested for their isolation in a annexe to the hospital.



(d) *The Out-patient's departments.*—Cases are dealt with in these departments in several different categories.

(i) The 'paying department deals with all cases of all races who are prepared to pay the prescribed fee, and also with cases listed in Hospital Regulations (1942) as being entitled to free treatment, i.e. Returned Sailors and Soldiers and their dependents, Civil Servants, members of the Armed Forces, etc. Here 2,187 consultations were held and 1,545 dressings performed. The racial distribution (consultations only) was:—

Europeans	..	..	..	..	1,108
Fijians	..	..	..	..	175
Indians	..	..	..	..	530
Others	..	..	..	..	374

(ii) *The non-European (free) out-patient department.*—25,104 consultations were held and 14,394 dressings were performed. Eight opium addicts attend here for their ration of Tr. Opii.

(iii) *The Ophthalmic department.*—Simple eye treatments are given by students and here 1,730 cases were handled.

(iv) *The Dental Clinic.*—The Honorary Dentist, Mr. H. S. Mount, treats cases on Tuesday mornings; 859 cases were dealt with. The majority required extraction and a total of 1,201 teeth were extracted under local anæsthesia.

(v) Minor operations (excluding the teeth extractions mentioned above) totalled 993, performed in the small out-patient operating theatre. For these 616 local anæsthetics and 190 general anæsthetics were used (total 806).

Injections of anti-tetanic serum were given on 632 occasions and 1,443 injections of N.A.B. and allied drugs were given.

The racial distribution of cases mentioned above was:—

	Non-European Consultation Room.	N.E. Dressings	Ophthalmic Dept.	Dental Clinic.
Fijians .. .. .	9,904	7,410	738	496
Indians .. .. .	13,591	6,048	758	224
Others .. .. .	1,609	936	234	139
	25,104	14,394	1,730	859

Out-patients dealt with in all departments numbered 48,395 compared with 50,193 in 1941. Additional accommodation and facilities for dealing with all these cases is sadly needed.

From October to December regular clinics were held in the out-patient department by an ophthalmologist and an oto-rhino-laryngologist of the United States Medical Corps. At these clinics and in operations on the cases seen these gentlemen lent invaluable aid both to the medical staff and to the patients who would otherwise have lacked the needed attention, or have had to seek such treatment overseas at heavy cost. The ear, nose, and throat specialist was consulted on 104 occasions and the eye specialist on 363.

Revenue received from the 6d. fee in the non-European out-patient department totalled £82 10s. 0d.

(e) *Obstetric Ward.*—Admissions, 313, were 79 fewer than in 1941. Details are:—

	1941.	1942.
(i) Births—Fijians .. .. .	129	90
Indians .. .. .	170	138
Others .. .. .	36	33
Total .. .. .	335	262
Male babies .. .. .	187	131
Female babies .. .. .	148	131
(ii) Not in labour .. .. .	57	52
Total admissions .. .. .	392	314
	1941.	1942.
Maternal deaths .. .. .	5	2
Neo-natal deaths .. .. .	22	7
Still births .. .. .	21	19

The maternal deaths 2 (·7 per cent of cases delivered) were due to septicæmia and miliary tuberculosis, cerebral hæmorrhage following eclampsia.

Of the neo-natal deaths one was due to albuminuria of pregnancy in the mother and precipitate labour; four to prematurity (two were premature twins and maternal pneumonia was present in a third case); one each to asphyxia pallida and cerebral injuries.



Obstetric complications and infantile abnormalities dealt with were: Cæsarean section, 9; forceps deliveries, 5; episiotomies, 6; perineal lacerations, 39; premature labour, 14; versions, 2; persistent posterior, 14; breech presentation, 6; face, 1; shoulder, 1; transverse, 1; impacted shoulders, 4; eclampsia, 3; pre-eclamptic toxæmia, 7; concealed accidental hæmorrhage with uterine rupture, 1; anti-partum hæmorrhage, 8; post-partum hæmorrhage, 19; prolapsed anterior cervical lip, 6; placenta prævia, 3; retained placenta, 2; twin pregnancy, 2; septicæmia, 1; puerperal pyrexia, 13; Bandl's ring, 1; decapitation, 1; cleidotomy, 1; medical induction, 4; asphyxia livida, 5; asphyxia pallida, 1.

*Ante-natal Clinic.*

Attendances—				1941.	1942.
Fijians ..	..	..	..	122	109
Indians ..	..	..	..	94	145
Others ..	..	..	..	78	53
Total ..				294	307
Patients—					
Fijians ..	..	..	..	63	66
Indians ..	..	..	..	50	74
Others ..	..	..	..	31	30
Total ..				144	170*

*Post-natal Clinic.*

Patients—				1941.	1942.
Fijians ..	..	..	..	20	7
Indians ..	..	..	..	42	14
Others ..	..	..	..	10	10
Totals ..				72	31

(f) *Epidemics.*—There was no epidemic of major importance during the year. A mild epidemic of measles (Rubella) especially among the Fiji Defence Force personnel gave us trouble. Sporadic cases of typhoid, dysentery and diptheria occurred as formerly.

(g) *X-Ray Department.*—During the year 2,682 radiographic examinations were carried out on 2,620 patients with the use of 3,033 films. This is an increase of seven patients and a decrease of 290 films used as compared with 1941. Details are:—

				Radiographic examinations.	Films used.
Lungfields ..	..	..	..	1,280	1,280
Bones and teeth ..	..	..	..	1,112	1,312
Abdominal viscera ..	..	..	..	94	94
Barium meals and enemata ..	..	..	..	90	90
Nasal sinuses and mastoids ..	..	..	..	74	148
Pyelograms ..	..	..	..	13	52
Cholecystograms ..	..	..	..	19	57

The Radiographer is Miss M. McCormick, who, because of the lack of a physiotherapy department and a masseuse, has also to carry out treatments with the inductothermy machine and the ultra-violet ray lamp, and to care for these pieces of equipment which are of necessity used and stored in the X-Ray department.

During the year a new stand for X-Raying chests was installed and in September a photo-fluorographic unit (for miniature chest radiography) was purchased. This had not been put in to use by the end of the year because of the unsatisfactory working of the X-Ray machine. A much more powerful plant is needed to operate the machine. There was also purchased a mobile X-Ray machine for use in the wards and other departments of the Hospital. More wall plugs are needed for this machine in the operating theatres and out-patient departments. All this equipment is crowding the department beyond convenience and a physiotherapy department is an urgent necessity.

The fixed plant, a gift from the late Sir Henry Marks in 1934, has now passed its stage of usefulness and a separate report has already been submitted by the Radiographer giving an account of leakages of high tension current which could have serious consequences. It is hoped to replace this machine with a modern, more powerful, shock-proof machine next year. The existing plant could then be overhauled, refitted and used at Lautoka Hospital.

In October Sister McMillan was attached to the department as X-Ray Sister to attend to out-patients, assist at Barium enemata, Barium meals, etc., and to take over the working of the inductotherm and ultra-violet lamp. She has shown a keen interest in the work and has learned to take the simpler types of X-Rays. Such experience will enable her to relieve the Radiographer of part of her work and to take X-Rays in emergency cases after the department is normally closed.



(h) *Dispensary*.—Under the charge of Mr. E. Seager, assisted by H. Becha, and at the end of the year, by Miss M. Hennings, a great volume of work is put through in the dispensary. A large amount of stock mixtures is used daily and besides this Mr. Seager has proved himself most capable in carrying out a good deal of intricate pharmaceutical work in the preparation of numerous compounds which are identical with expensive proprietary preparations. This has resulted in the saving of a great deal of expense to Government. The simpler routine work is carried out by students in rotation—Mr. Seager is also lecturer in Materia Medica to Nurses and Students.

The dispensary is proving too small for our growing needs and a separate stock room together with some reconstruction in the dispensary itself are badly needed.

Prescriptions dispensed totalled 22,120 (12,569 in 1938 and 14,607 in 1939—no figures for 1940 or 1941 are available.)

Non-European out-patients	..	..	17,500
Paying out-patients	..	..	1,120
Miscellaneous	..	..	1,000
In-patients	..	..	2,500

Revenue received in the Dispensary amounted to £68 10s. 4d. Comparison with the figures for out-patient consultations will illustrate the fact that prescribing has been reduced owing to war conditions but in spite of this the volume of work accomplished is very great.

(i) *Laundry and Associated Steam Services*.—Mr. G. Witty is Hospital Mechanic in charge of the boiler house, laundry machinery and steam services equipment. Mrs. Seager is Laundry Supervisor assisted by Mrs. Whittaker. An enormous amount of work is being done in this department of the Hospital. Originally designed and equipped to deal with the laundering of linen from approximately 250 beds, in one shift, the laundry now handles the linen from approximately 1,500 beds. This has been effected only by a great increase in speed of work, by increasing the staff and by working two shifts per day, since October. Originally the subject of a contract with the United States Procurement Officer, the number of pieces of linen sent by the United States Hospitals has now to be dealt with as received.

Considerable revenue is received from this work but it is not credited to the Hospital in the ordinary way but appears only as a book entry on the credit side in the Reciprocal Aid Department. With this system of finance, no provision is made (in a fund) for replacements or repairs to this overworked expensive machinery.

No facilities exist for bathing, recreation, cloak rooms or W.C.'s on the premises for the laundry staff—these are urgently needed. The work is hot and showers are required; as uniforms are worn a change room is also needed.

The disposal of the effluent contravenes Public Health Regulations and requires adjustment—this matter has been taken up by the Medical Officer of Health.

Coal consumption has been reduced, in spite of increased work and working hours, by the completion of lagging of steam and hot water pipes and by lagging the boilers. Details in tabular forms are —

	1941.	1942.
Pieces laundered .. .. .	474,000	713,411
N.Z. Military Hospital .. .. .	94,203	24,004 (4 months)
N.Z. Dental Department .. .. .	....	757 (5 months)
U.S. 71st Hospital .. .. .	....	262,937
U.S. 18th Hospital .. .. .	....	36,364 (3 months)
Boys' Grammar School Hostel (Education Department) .. .. .	7,631 (11 months)	....
Coal consumption, total .. .. .	494.5	458.3
Coal, tons per day .. .. .	1.35	1.26
Pieces Steam Sterilized .. .. .	12,003	5,000 (approx.)

(j) *War*.—The effects of the war have made themselves felt in all departments. Supplies of essential drugs, X-Ray films, etc., have been erratic and at times unobtainable, so adjustments have had to be made to modify treatments, to reduce prescribing, to limit X-Ray work to essentials only, and to admit to Hospital only cases requiring urgent attention.

For a third time I must refer here to the generosity and co-operation of the United States Medical Corps personnel who have come to our assistance on numerous occasions with supplies of essentials drugs when our own stocks were finished.

An increase in work in the out-patients departments, especially in the paying department, where during the year 860 members of the Fiji Military Forces were seen, has resulted from the fact that this Hospital is the base hospital for these forces and for the Fiji Naval Volunteer Force.

Military cases admitted during the year numbered 440—giving a total of 1,300 patients of the Fiji Military Forces treated during the year. The daily average of occupied beds in the last four months of the year was 27. In spite of this, this Hospital is not recognised as being covered by the provisions of the Geneva Conventions and no member of the staff holds military rank. This last omission has, on more than one occasion, led to difficulty in maintaining discipline among the military patients, a large percentage of whom are venereal cases. A considerable amount of the work done here is not base hospital work, but, without the usual proper facilities for the treatment of these cases by unit medical officers, the work devolves on this Hospital.



The war has also necessitated the provision of shelters (slit trench and deep tunnel), of accessory water supplies, of fire fighting equipment, and of the means of blacking out the building. This last is not easy in a building of this type especially when many patients need treatment during the night. The deep shelter is not yet complete and access to it is far from satisfactory.

This Hospital is also the emergency hospital for civilian casualties in the event of local enemy action, and internal organisation which has been tried out in practices on various occasions coincidental with Civilian First Aid practices, exists for dealing with them. It has been found that the casualty reception ward can be prepared in five minutes and the whole Hospital can be evacuated in eighteen minutes.

(k) *Electrocardiograph*.—In December a portable electrocardiograph was purchased. This had not been put to use before the close of the year.

(l) *Hospital Revenue*.—Revenue received during the year totalled £2,841 14s. 6d. as compared with £2,665 7s. 10d. in 1941.

(m) *Hospital Vegetable Garden*.—Produce used in the Hospital, grown on the waste ground in the gullies at the back of the Hospital:—

Dalo	..	..	..	..	665 bundles
Tapioca	..	..	..	..	224 baskets
Kumala	..	..	..	..	161 "
Bele	..	..	..	..	83 "
Pawpaws	..	..	..	..	462 "
Bananas	..	..	..	..	5 bunches

It is clear from these figures that the saving in Hospital maintenance costs, resulting from this work begun in January 1940, has been very considerable, and far exceeds the cost of labour (two garden boys) required to produce the food.

(n) *Teaching*.—The Hospital is the centre for the clinical teaching of students of the Central Medical School, who are attached for duty in the third and fourth years of their course. The medical staff are also lecturers in the theory of medicine, surgery, midwifery and gynaecology, anaesthetics, and the specialties, and the Dispenser is lecturer in Materia Medica.

The medical staff are also lecturers in Anatomy and Physiology, and Medical and Surgical Nursing to pupils of the European Nurses' Training School.

Native Nurses and pupils of other races are being given a three year course of training, in much larger numbers than formerly, at this Hospital. The teaching, which used to be a two year course of obstetric nursing with some teaching in general nursing, now provides an adequate knowledge of both subjects so as to make the trained girl a very useful adjunct to the Fiji Medical and Nursing Services.

#### VISITORS.

5. His Excellency the Governor visited the Hospital on July 25th and on a later occasion attended a practice of the emergency services. He paid another much appreciated visit on Christmas Day personally greeting each patient in Hospital.

His Excellency, Sir Cyril Newall, Governor-General of New Zealand, was a tireless and very interested visitor on June 3rd. He spoke to all patients in the Hospital on his round.

The Honourable the Colonial Secretary inspected the Hospital on July 8th.

The Honourable the Financial Secretary paid a visit late in the year in order to gain first hand knowledge of improvements required.

The Board of Visitors made their tour of inspection on only one occasion during the year, June 17th.

The Director of Medical Services visited the Hospital regularly each month in order to inspect all departments and to see all patients. Other surprise visits were also paid by him, besides the times he acted in his capacity of consultant.

#### CONCLUSION.

6. I should like to express my thanks to all members of the Staff for a year of good work, carried out sometimes under difficulties but always satisfactorily. The continued co-operation of the Laboratory and its Staff is much appreciated—its work is an indispensable adjunct to that of the Hospital.

Special thanks must be paid to the Presbyterian Church Christmas Cheer Fund, and to members of that church's organisation, for maintaining, under difficulties in war time but nevertheless in undiminished generosity the annual visit of "Father Christmas." Without this splendid work many persons, in Hospital not by their own choice, would miss the spirit of Christmas completely.

E. V. MAXWELL,  
Medical Officer in Charge, C.W.M.H.



## CENTRAL LEPRO HOSPITAL, MAKOGAI.

(ANNUAL REPORT FOR 1942.)

### STAFF.

No annual report would be complete without grateful reference to the debt due to the Nursing Staff of Missionary Sisters of the Society of Mary. From the institution of the Hospital in 1911 to the present day, their services have been invaluable and their self sacrificing and cheerful devotion to duty continue to act as an inspiration to patients and staff alike.

The Classification utilised throughout this report is that recommended by the Cairo International Leprosy Congress, and is as follows:—

### PRIMARY CLASSIFICATION.

*Neural (N) Type.*—All cases of the “benign” form of leprosy, with disturbances of polyneuritic nature (i.e. alterations of peripheral sensation, trophic disturbances, atrophies and paralyses, and their sequelæ), or macules of nonlepomatous nature (i.e. leprides, usually with localized sensory disturbances), or both.

*Lepromatous (L) Type.*—All cases of the “malignant” form of leprosy, relatively non-resistant and of poor prognosis, usually negative to leprolin, exhibiting lepomatous lesions of the skin and other organs, especially the nerve trunks. Bacteriological examination usually reveals abundant bacilli.

### SUBCLASSIFICATION.

*Neural 1 (N1).*—Slight neural: cases with from one to several macules, or a proportionally smaller number of larger macules, whether flat or elevated; disturbances of peripheral sensation not of marked extent, with only minor trophic disturbances.

*Neural 2 (N2).*—Moderately advanced neural: cases with fairly numerous or large macules, or wise distribution, with polyneuritic changes of fairly slight degree.

*Neural 3 (N3).*—Advanced neural: cases with very numerous or very extensive macular lesions of the more marked kinds; extensive peripheral anesthesia and more or less marked motor and trophic disturbances: paralyses, atrophies, contractures, trophic ulcers and mutilations.

*Lepromatous 1 (L1).*—Slight lepomatous: cases with lepomatous skin lesions consisting of one or a few macular areas, or a few small infiltrated patches or small nodules, or diffuse lepomatous changes of slight degree.

*Lepromatous 2 (L2).*—Moderately advanced lepomatous: cases with numerous macular areas of fairly numerous small or fewer large infiltrations or nodules, or diffuse lepomatous changes of moderate degree; lesions of the nasal mucous membrane are frequently present.

*Lepromatous 3 (L3).*—Advanced lepomatous: cases with numerous and extensive or very marked lepomatous lesions, which may vary in their stage of development or retrogression; lesions of the nasal mucous membrane are almost always present.

“Mixed” cases—Recognition should not be given to “mixed leprosy” as a type.

### ADMISSIONS.

Forty-five of the fifty-eight cases admitted during the year were males, and only thirteen females. Thirty-nine were almost equally divided between Neural-1 and Neural-2, five were early Lepromatous cases, and only one—a Solomon Islander—advanced. Of the thirteen Lepromatous-2 cases, eleven were Indians.

Owing to difficulties of transport, there were no admissions this year from beyond the Colony of Fiji.

### DEATHS.

Twenty-four deaths occurred during the year, certified causes being as follows:—

Leprosy	..	..	..	..	..	9
Tuberculosis	..	..	..	..	..	5
Cancer	..	..	..	..	..	2
Septic conditions	..	..	..	..	..	2
Ulcerative Colitis	..	..	..	..	..	1
Tetanus	..	..	..	..	..	1
Pellagra	..	..	..	..	..	1
Pneumonia following fractured femur	..	..	..	..	..	1
Senile dementia	..	..	..	..	..	1
Coronary thrombosis	..	..	..	..	..	1

Fifteen of the deaths occurred in Lepromatous-2 cases, one each in Lepromatous-1 and Lepromatous-3 cases, and three and four in Neural-1 and Neural-2 respectively.

Half of the deaths were of Indians—a much larger number than their proportion to the general population would justify. This is to be explained by their larger proportion of elderly patients, in whom leprosy plays a comparatively small part as regards mortality.



## ANNUAL SURVEY.

A total of six hundred and twelve cases were examined from the point of view of progress at the end of the year, and were then classified as regards race and type of case.

Indians head the list with 235 (38·4 per cent), followed by Fijians with 150 (24·5 per cent), Gilbert Islanders 59 (9·6 per cent), and Cook Islanders 58 (9·5 per cent). There were also 34 Solomon Islanders, 23 Samoans, 17 Rotumans, 12 Euronians, 10 Tongans, 5 each Chinese and Niue Islanders, and 4 Europeans.

The following list gives the percentage of cases in each stage of leprosy:—

Neural-1 .. .. .	84	13·7 per cent
Neural-2 .. .. .	183	30·0 „
Neural-3 .. .. .	20	3·3 „
Lepromatous-1 .. .. .	42	6·8 „
Lepromatous-2 .. .. .	237	38·7 „
Lepromatous-3 .. .. .	46	7·5 „

Fifty-three per cent of the cases are thus seen to be Lepromatous in type, and allowing for the small percentage of Neural cases with positive smears, it is probable that 60 per cent of our cases are definitely infective.

Comparing the two main nationalities represented here, we find that of the 235 Indians here 61·3 per cent are Lepromatous in type, as against only 36 per cent of the 150 Fijians, although there are only 6 Indian Lepromatous-3 cases and 8 Fijians.

This discrepancy is partly reflected in the progress ratio of the two races, the Fijians shown an “Inactive” percentage of 50 per cent as compared with the Indian 35·7 per cent. The addition of the 15 Indians and 7 Fijians actually discharged during the year does not markedly change the proportion, the Indian percentage of inactive cases being raised to 39·6 and the Fijian to 52·2. On the other hand the total of improved cases, including those classified as “Arrested,” “Quiescent” and “Improved,” gives the Indians a slight lead with 70·2 per cent against the Fijian 68·7 per cent.

We note once again then, that there is a larger proportion of Lepromatous cases among the Indians than among the Fijians, though proportionately fewer advanced cases; but that in spite of this fact the Indians show a higher proportion of improved cases, although fewer of them go on to complete inactivity.

The percentage of all cases “Improved” and “Inactive” are 61·6 and 35·5 respectively, or with the addition of the discharged cases, 63·8 and 39·9.

Turning to the effect of type on prognosis, the percentage of “inactive” cases in each stage of the disease, including those discharged, are shown in the following lists:—

Neural-1 .. .. .	72·7 per cent
Neural-2 .. .. .	61·5 „
Neural-3 .. .. .	71·4 „
Lepromatous-1 .. .. .	35·7 „
Lepromatous-2 .. .. .	12·0 „
Lepromatous-3 .. .. .	0

Omitting the Neural-3 cases, which may be neglected both because of the fewness of the numbers, and because they include patients retained here from year to year for severe deformities or trophic lesions, a fairly regular gradation is found, which once again emphasises the urgent necessity for early diagnosis.

The percentage for “Improved” cases tend to be reversed, Lepromatous-2 cases, for example, showing 41·3 as compared with 18 for Neural-1. This is not only due to the elimination of “Inactive” cases, but may be taken as a real indication that many of the more advanced cases do improve under treatment, even when there is no chance of cure.

## DISCHARGES.

The thirty-seven discharged cases are made up of seven Fijians, fifteen Indians, eight Cook Islanders, three Solomon Islanders, and two each Rotumans and Samoans. The high proportion of Cook Island discharges reflects once again the relatively high number of cases diagnosed in the earlier stages, and is a tribute to the work of Cook Island Medical Practitioners trained in Suva. Prior to their return to the Cook Islands the latter were enabled to take a short course at Makogai in which particular stress was laid on the question of early diagnosis, and its vital importance.

Thirty-two of the thirty-seven cases discharged were Neural-1 or Neural-2, but a study of the period of detention here in such cases should modify the optimism of those medical officers who with the best of motives are wont to assure patients diagnosed by them that they will be discharged within two years. The following list gives the average time spent at Makogai, including the statutory two years' freedom from activity, in each of the three stages concerned:—

Neural-1 .. .. .	16 cases	5-6 years
Neural-2 .. .. .	14 „	6-7 „
Lepromatous-2 .. .. .	4 „	8-9 „

This list does not include three cases discharged for the second time, of whom two Neural-2 cases remained 16 and 19 years, and one Neural-3 case, 22 years, from the date of first admission!



## PUBLIC WORKS.

Public Works have necessarily been restricted during the year owing to shortage of material. No new buildings have been erected, but existing buildings have been maintained by patient labour in as good a condition as possible. Paint has been very restricted and the timber buildings will necessarily deteriorate rapidly unless this can be rectified.

The generosity of friends in New Zealand has provided funds for a Mobile X-Ray plant and a building to house it, at a total cost of about £1,600. A suitable area has been prepared and building will commence as soon as materials can be made available. This additional equipment will satisfy a long felt need and should result in a higher standard of both treatment and research.

## LOCAL PRODUCE.

The patients have made such good use of the areas allotted to them for gardening as to produce far more bananas, cassava, taro, etc., than they have been able to utilize themselves. The pigs as well as ducks and fowls have benefited from this surplus and have flourished accordingly. The Hospital fowl run has supplied nearly 5,000 eggs and over 200 table birds for Hospital use and a large proportion of patients in the villages also rear their own ducks and fowls.

The following list shows the produce supplied to the Hospital from the " farm " at Nasau.

Meat	..	..	..	..	28,000 lb
Milk	...	..	..	..	10,000 gallons
Bread	..	..	..	..	50,000 loaves
Soap	..	..	..	..	4,220 long bars.

Beef cattle are imported each month from Taveuni, but the milk is supplied from our own dairy herd. Patients are paid for their own native vegetables if they produce sufficient to replace their rice and bread issues, and any surplus supply is bought for use in the Hospital proper. In this way patients have received nearly £1,500 during the year, which they can spend in various extras in their Co-operative Store. The scheme acts moreover as a stimulus to healthy open air exercise—so vital to their well-being, provides them with an improved dietary, and diminishes the need for imports of flour and rice.

The Chaulmoogra trees continue to flourish and during the year we have prepared and used five gallons of local oil. In the absence of severe storms during the hurricane season, production should be much higher next year. Apart from the fact that we have fewer immediate and local reactions with our own product and that the patients prefer it, it serves an additional useful purpose in diminishing the need for imports.

## VISITORS.

Visitors during the year included His Excellency Sir Philip Mitchell, K.C.M.G., Governor of Fiji; Hon. Mr. A. T. Newbould, M.C., Colonial Secretary of Fiji; Hon. Dr. V. W. T. McGusty, C.M.G., O.B.E., Director of medical Services; Sir Henry Scott, K.C.; Dr. D. C. M. Macpherson, Assistant Director of Medical Services; Dr. H. S. Hetherington; the Very Revd. Father Oreve; Rev. E. R. Elder of the Anglican Church; Rev. S. G. Andrews of the Methodist Mission.

C. J. AUSTIN,  
Medical Superintendent, Makogai.



## AN HISTORICAL NOTE ON THE CENTRAL NURSING SCHOOL.

(BY L. M. LEA, PRINCIPAL MATRON AND NURSING SUPERINTENDENT.)

At Suva, the capital of Fiji, there is now in process of development a school for training native girls as nurses, a project which is bound to have an important and a very favourable influence both on public health and general nursing among the inhabitants of the Southern Pacific Islands.

In their primitive state the Fijians seem to have been a very healthy people, for Fiji had none of the really serious tropical diseases. This favourable state of affairs was altered with the arrival of the first white men who by introducing new infectious diseases were instrumental in bringing about a vast reduction in the Fijian population by the year 1874 when the country was handed over to Great Britain.

In its early Colonial days Fiji was a poor country, producing very little revenue with which to maintain essential Government services. Its inhabitants were not only facing extinction from the infectious diseases already introduced, but they were in imminent danger lest others, such as malaria, cholera, plague, smallpox, yellow fever, etc., should be brought in as well, while superstition was naturally strong in a people who had barely yet begun to emerge from a neolithic state of culture. It was in the face of these seemingly insurmountable difficulties that the early Colonial Administration devised an ingenious remedy. Young Native men had been successfully employed as public vaccinators and so the idea was adopted of giving them three years' experience in the wards of the hospital and when they had proved their competence by passing a qualifying examination of allowing them to enter upon a more general practice of medicine among their fellow countrymen. These early practitioners who were and are styled Native Medical Practitioners were successful from the very beginning and now they form the basis of the medical services of the Pacific Island territories administered by Great Britain and New Zealand.

Even after the establishment of a British Colonial Government, the sad results to the Fijian people of contact with the Europeans continued to be shown in the population figures. In 1874 the Fijian population was estimated at 140,000; by 1919, mainly as the result of the great influenza pandemic, it had fallen to its low record of 83,000. Then it began to rise, slowly at first but very steadily, so that by 1942 the estimated figure had risen again to 109,220. These figures refer to pure blooded Fijians only, and the steady increase in recent years is a most encouraging index of the results of the public health work done by Government.

Added to the heavy toll of these non-immune people, that was and is still being taken by infectious diseases, their position was further prejudiced by the ignorance and carelessness on the part of Fijian mothers which reacted against any marked lowering of the death rate among infants and young children. It became clear that the Native Medical Practitioner, working by himself, could not remedy such a state of affairs, and in the face of this difficulty and danger, a scheme was put into practice of training Fijian girls as midwives. This, the initial step in the evolution of the Central Nursing School, was taken by Miss Anderson, R.R.C., a former Matron of the Colonial Hospital, whose skill and ingenuity were matched by her love of the Fijians and her knowledge of their requirements. Judged by European standards the education of native girls in those days was very elementary. Miss Anderson had therefore to build up her scheme out of very poor material, and the success which she ultimately achieved was due in equal measure to her own patience and foresight, and to the unexpectedly favourable manner in which the early native nurses responded to her teaching and to the responsibilities subsequently entrusted to them. The Native Obstetric Nurse, as she was called, supplied a gap which could not be filled by the male Native Medical Practitioner, and it was not long before her value as a Native Welfare Worker became established.

The early native midwives learned their profession chiefly by working as auxiliaries in the wards of the hospital. At the inception of this service the Matron, as well as others responsible for the teaching of the pupil nurses, spoke fluent Fijian, an accomplishment without which the communication of knowledge would have proved impossible. Under Miss Anderson's direction the system worked smoothly, but there followed a period when the expansion of the Suva Hospital led to the recruitment of most of its nursing staff from outside the Colony and the link of a common language which had maintained touch between the native nurses and their superiors, was, for the time being, lost. I first came to Fiji at the end of 1934 to fill the post of Matron at the Colonial War Memorial Hospital. My appointment was the first step in the affiliation of the Nursing Services of Fiji with those of the Dominion of New Zealand. I was at once struck by the potentialities of the native nurses, whose principal failings seemed due to defects in the system of training and an absence of knowledge of the Fijian language by the European Nursing staff. At this time the most serious obstacle to progress proved to be a deficient knowledge of the English language by the pupils. In 1936 an arrangement was therefore made with the Education Department for the selection of native pupil nursing candidates by a competitive examination which stressed a knowledge of English. At the same time, the system of their training was reorganised, and while the course was still limited to two years of studentship, and consisted chiefly of practical work in the wards of the hospital, a great all round improvement resulted in the standard of competence in the new nurses. These matters were subjected to careful study, first by Miss Tennent, Director of Nursing of the Rockefeller Foundation, and later by Miss M. Lambie, O.B.E., Director of Nursing of the Dominion of New Zealand; two distinguished visitors who came to the Colony in 1936, and who separately recommended a great extension of the school, then in an embryonic state, as well as the reorganization of the system of teaching. I should add that Dr. S. M. Lambert, for a long time local representative of the Rockefeller Foundation, who more than any other person was responsible for extending the benefits of the Native Medical Practitioner system to other South Pacific Island groups, had always been a firm advocate of the Native Obstetric Nurse. The



recommendations of these authorities were accepted by the Government of Fiji, which prepared an elaborate building scheme to provide both living and teaching accommodation for 80 non-European pupil nurses, a quota of whom was to be drawn from such other South Pacific territories as desired to participate in a co-operative scheme, as well as from Fiji. The building project had to be deferred as a result of the financial stringency caused by the war and the extension of the school might also have been deferred indefinitely but for two fortunate circumstances. The first of these was the existence of an old building ready for demolition, but which it was found possible to renovate and convert into extra temporary accommodation thereby enabling the number of native nurses to be increased from 23 to 50. The second circumstance was the completion of a 22 months' course of training in tutorial duties under the Rockefeller Foundation by Miss M. Cleary, who had been specially selected for the post of Tutor Sister in anticipation of the building of the new school. The present school consists of two buildings, the larger of which (already referred to) was until recently used to house the European nursing staff, the smaller one being part of the original school.

The enlargement of the School became effective when the new Tutor Sister returned to the Colony to take charge of it in July, 1940. At the same time the system of training underwent a complete reorganization and the period of the course was lengthened from two to three years. Under the new system, which includes the theoretical as well as the practical, the subjects of the course follow approximately the lines already observed in the European pupil nurses' training school attached to the Colonial War Memorial Hospital in Suva. Obstetrics, Infant and Maternal Welfare and General Public Health are subjects which receive special attention as they are the ones with which the nurses will chiefly be concerned after they have graduated. Sport and recreation are well provided for.

The first six Native Obstetric Nurses received their certificates on the 31st March, 1909, and since then 199 others have graduated from the school. A large proportion of graduates naturally get married, and while this makes it difficult to maintain the establishment at strength, the Fijian people gain considerable benefit from the influence wielded, as educated women, by former native nurses. As the aim of the Central Medical School is to turn out graduates who have retained their status as natives, such also is the aim of the Central Nursing School, which is intended to provide native personnel whose living costs and social ambitions will not soar above those of their fellow countrywomen. While, however, in the sense related, the great majority of pupil nurses will fill relatively subordinate posts, an arrangement exists under which a native pupil nurse of exceptional merit can take the full course of a registered nurse. Generally speaking the native nurse is permitted only to practice as a Government employee.

#### COLONIAL WAR MEMORIAL HOSPITAL AND THE SCHOOL.

The Colonial War Memorial Hospital to which the Central Nursing School is attached, is a large concrete building of 210 beds and is well equipped and staffed with trained and pupil nurses. There is a fine pathological laboratory in the hospital grounds and this, as well as the facilities for district welfare work, has been made available to the pupils. It was Government's intention to build a public health centre which would have been a very valuable addition to the teaching facilities but this has been delayed by the war.

The present curriculum is as follows:—

##### FIRST YEAR PUPILS.

*First six months.*—Theoretical course in elementary Anatomy and Physiology, Personal Hygiene, Bacteriology, Principles and Practice of Nursing and Bandaging and Nutrition together with practical instruction in House craft, including Cooking.

*Second six months.*—Medical and Surgical Lectures including not less than 20 hours' instruction by a doctor and 40 by the Tutor Sister. This theoretical training is correlated during the last three months with practical experience in the wards and at Child Hygiene clinics.

##### SECOND YEAR.

*First six months.*—Theoretical training in the principles of nursing infectious diseases and diseases of children with 15 hours instruction from a doctor and 40 hours from the Tutor Sister. During this period four months' practical experience is given in the children's ward and two months in infectious diseases. During the second six months of the second year, both theoretical and practical instruction is given in obstetrics, a minimum of six months' continuous service being spent in the obstetric ward.

##### THIRD YEAR.

*First six months.*—Theoretical instruction in Community Hygiene, Tuberculosis Nursing and Public Health Nursing, including 20 hours' instruction from a doctor and 40 hours from the Tutor Sister. During this period, four months' experience is given in the Out-patient Department of the Hospital, and two months in District Public Health work under very careful supervision.

*Second six months.*—Theoretical and Practical instruction in Operative Surgery. The final four months are devoted to study in the school and in all branches of the hospital.

When qualified a native nurse may be attached to a hospital or assigned public health duties in a specified district. In its early stages the native nursing service was regarded with suspicion by the natives, but with the passage of time, the excellent work done by these women has caused trust to replace superstition and fear. The indigenous midwife is fast disappearing and the demand of the native communities for the services of native nurses far exceeds the supply.



The Suva Central Nursing School has heretofore existed in obscurity. I think it is a pity that some of our institutions should be allowed to develop without some publicity being given to their existence and their part in the public life of the community. Such was the case with Fiji's Native Medical Practitioner service until it was advertised by Dr. Lambert of the Rockefeller Foundation, and its advantages extended through the Central Medical School to many other territories, and such even to-day is the case with the Central Nursing School, which only received formal official recognition on the 14th August, 1941, when His Excellency Sir Harry Luke, K.C.M.G., honoured it with the first visit to be paid to the school by a Governor of the Colony. During its modest past, the school has rendered a great service to the community. Henceforth, as a recognised enterprise of Government its progress seems well assured.

This account of the Central Nursing School would be incomplete without some specific acknowledgment of the valuable part played by its Tutor Sister Miss Cleary, in reorganising the teaching and general development of the School under the new scheme.

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## THE CENTRAL MEDICAL SCHOOL, SUVA.

(ANNUAL REPORT FOR 1942.)

1. *Students*.—During the year 1942 there were 45 students in residence at the three dormitories, and the following table shows the race of the different students in each year:—

	1st Year	2nd Year.	3rd Year.	4th Year.	Post- Graduates.	Totals.
Western Samoa .. ..	.	3	5	1	.	9
Eastern Samoa .. ..	.	.	.	1	.	1
Tonga .. ..	.	2	1	1	.	4
Cook Islands .. ..	.	.	.	2	.	2
Niue Island .. ..	.	.	1	.	.	1
Gilbert and Ellice Islands ..	.	2	1	1	1	5
British Solomon Islands ..	.	1	1	.	.	2
Hew Hebrides .. ..	.	1	2	.	.	3
Nauru .. ..	.	1	.	1	.	2
Fiji—Fijians .. ..	.	5	4	5	4	18
Rotumans .. ..	.	.	.	.	.	.
Indians .. ..	.	1	1	1	1	4
		16	16	13	6	51

The six post-graduates in the above list were qualified Native Medical Practitioners; and none of them resided in the students' dormitories during 1942. Lectures were recommenced on January 12th, 1942, with a total of 45 students of whom one left on 7th June, 1942, to return to Niue Island for health reasons, and a second left on 22nd July, 1942, for disciplinary reasons.

The absence of any students in the first year has already been explained in previous annual reports. It is a direct result of the change in 1931 from a three years' course to one of four years, so that in 1934, 1938 and 1942 there was no new class admitted. The postponement of the erection of the new combined Medical School and Hostel, owing to the War, has prevented the increase of the number of students up to 60, with 15 students in each of the four years of medical training.

Ten different Administrations are now sending students for medical training in Fiji. These are:—(1) Fiji Crown Colony; (2) Gilbert and Ellice Crown Colony; (3) British Solomon Islands Protectorate; (4) the native Kingdom of Tonga; (5) the Condominium of New Hebrides; (6) the New Zealand mandated territory of Western Samoa; (7) the Cook Islands, and (8) Niue Island, also under the administration of New Zealand; (9) Nauru Island, under mandate by the Commonwealth Government of Australia; and (10) the territory of Eastern Samoa under the Navy Department of the United States of America. During recent years enquiries for the admission of new students have been received from Guam (U.S.A.) and Pitcairn Island (British), but owing to various difficulties no students have yet arrived from these distant groups.

2. *Health*.—During 1942 the health of the medical students was good with no serious case of pulmonary or other illness. In addition, no serious injuries (fractures, etc.), occurred during the year at football and other games. In spite of local epidemics of "common cold" and dysentery, few students were absent from duty or lectures owing to these diseases. The ages of the medical students ranged from 17 years to 23 years, and the physique of most of the students was above the average for South Sea Island youths. As in former years, all students were inoculated against typhoid fever, vaccinated against small-pox (if not already protected), and given anti-yaws injections at regular intervals.

3. *Discipline*.—This has continued to be good throughout the year 1942, except for one case of repeated cheating at examinations, (student Toamanang dismissed on 22nd July, 1942). From time to time minor breaches of discipline have occurred but these were easily dealt with, and the usual punishment was to "gate" the student for one or more weeks. In spite of the disturbed conditions caused by the War and the adverse conditions for evening study due to "black-out" regulations, the students have continued to make satisfactory progress in their studies and medical training. The very late arrival of stethoscopes and complete sets of text-books in medicine, surgery, and materia medica for the second year students caused great inconvenience among these students, and this was shown by the lower standard in the examination marks for the third and fourth quarters in 1942. The Central Medical School has always lacked a properly equipped gymnasium and recreation room where students can get rid of their surplus energy at odd times.

4. *Dormitory accommodation*.—This was the same as in 1940 and 1941. There were three dormitories containing 28, 9 and 8 students. As the arrangements were temporary only, pending the building of a new hostel it is unnecessary to add any further comments, except to state that the electric light installation in dormitories No. 2 and No. 3 is urgently in need of a complete overhaul.

5. *Courses of study*.—In 1931 the course of studies was extended from three years to four years. This four years' course is divided into a junior period of  $1\frac{1}{2}$  years followed by a senior period of  $2\frac{1}{2}$  years. The junior students receive instruction in Physics, Chemistry, Biology, Anatomy and Physiology, and attend the Medical School every morning and afternoon. The senior students are on duty in the hospital from 8 a.m. to 12.30 p.m. each day, and attend lectures in the afternoon by members of the honorary staff which includes twelve lecturers eight of whom are Medical Officers. The senior students act as dressers and clinical assistants in the hospital,



and form an integral part of the staff of the hospital under the direction of the Medical Officers in charge. Strictly speaking the junior students are not required to do any hospital duty, but in actual practice one or more of them may volunteer in the afternoons for relief duty in the hospital while the senior students are at lectures; and again during the Christmas and mid-year holidays all the junior students put in four weeks of relieving duty in the hospital so that the senior students may take their own holidays.

A "duty roster" is prepared every three months by the two Head Students so that each student takes duty in the various wards or departments in rotation. With the progressive growth of the medical activities at the Hospital a gradually increasing number of sections have now to be covered; including dental clinics, eye clinics, laboratory technique, child hygiene, meat inspection, and A.R.P. practices.

Prior to 1929, under the former Fiji Medical School, there were only 14 Fijian students in residence, and only six lectures were given each week, and these lectures were mostly in the Fijian language by three European lecturers. After the Central Medical School was opened in 1929 the number of students was increased to 40 or more, and full courses of lectures have been given in all medical subjects. The staff now includes one full-time officer and a large honorary staff which varies from 12 to 15 in number. A printed syllabus of studies was prepared in 1929, but it was soon found that a final syllabus in any one subject could not be rigidly followed. In practice it has proved to be much more satisfactory to allow each lecturer complete freedom in his own subject, and the position is safeguarded by appointing a co-examiner who is entitled to set and mark half the total number of questions in each final qualifying examination.

#### EXAMINATIONS DURING 1942.

6. *Fourth year students.*—There were 13 students in this year during 1942, and all of them successfully completed their medical training by December 1942, and qualified as Native Medical Practitioners. The final qualifying examinations in Public Health, Obstetrics, Surgery and Medicine were spread over a period of six months instead of crowding them into a short interval of four weeks in December, one of the hottest months of the year. All the examiners agreed that this year of students attained a high standard of proficiency both at the written and clinical examinations.

*Third year students.*—All the 16 students in this class completed a year of medical training with clinical work in the hospital from 8 a.m. to 12.30 p.m., and lectures at the Medical School in the afternoons. At the first and second quarterly examinations held in March and June the three Melanesian students in this class obtained very poor marks but in the second half of the year all these three students made considerable improvement.

*Second year students.*—The 16 students in this class completed the Anatomy and Physiology courses in June 1942, and there was only one failure at the qualifying examinations in these two subjects. This was a New Hebridean student who failed in Physiology but he was allowed to continue his studies. The members of the Advisory Board agreed "that in regard to Melanesian students as these are the only students available from Melanesia for medical training it is advisable to allow these students to continue their medical training even if they are unable to obtain the 60 per cent pass marks in their written examinations provided their conduct and progress in clinical work and general industry are satisfactory."

During the second half of 1942 these second year students were given elementary lectures in medicine, surgery, bacteriology and materia medica. The late arrival of text-books in these subjects together with the non-arrival of any stethoscopes considerably hampered the usual progress made, and considerable patience and tact were required to prevent some of the students becoming unduly discouraged by their apparent lack of progress.

*First year students.*—There were no first year students during 1942, so that no lectures in Chemistry, Physics and Biology were given.

During the year complete lists of marks at each quarterly examination have been distributed to each member of the Central Medical School Advisory Board, and these marks have been given appropriate consideration at the Board meetings. In addition, quarterly reports on printed forms for all classes, showing the conduct, progress in studies, and examination results, have been regularly sent out during 1942 to each of the participating Administrations.

#### 7. GOLD MEDALS AND PRIZES FOR 1942.

##### *Gold medal winners for 1942.*

B.M.A. (Fiji Branch) in Surgery	.. ..	Ngaeikura Tou (Cook Is.)
Hon. Alport Barker's medal in Medicine	.. ..	B. R. Lomaloma (Fiji)
Dr. A. H. B. Pearce's medal in Obstetrics	.. ..	T. S. Sikivou (Fiji)
Sir Maynard Hedstrom's medal in Public Health	.. ..	Ganga Ram (Fiji)
N.P.M. Ielu (Samoa) medal in Diseases of Children	.. ..	J. W. Masi (Fiji)
Sir Henry Scott's medal in Anatomy	.. ..	J. Siosiomalohi (Tonga)

##### *Special Prizes for 1942.*

Pacific Islands Society's prize	.. ..	Theodore Dainirob (Nauru)
Dr. J. C. Geiger's prize No. 1 (Surgery)	.. ..	Manea Tamarua (Cook Is.)
Dr. J. C. Geiger's prize No. 2 (Medicine)	.. ..	F. Tuiasosopo (E. Samoa)
Dr. V. W. T. McGusty's prize	.. ..	J. W. Masi (Fiji)



## CLASS PRIZES.

*Second Year Students.*

Anatomy .. ..	Jione Siosiomalohi (Tonga) ..	92 per cent
Physiology .. ..	Jione Siosiomalohi (Tonga) ..	93 ..
Medicine .. ..	Jione Siosiomalohi (Tonga) ..	85 ..
Surgery .. ..	Jione Siosiomalohi (Tonga) ..	87 ..
Materia Medica ..	Jione Siosiomalohi (Tonga) ..	95 ..
Bacteriology ..	Ioselani Pouesi (W. Samoa) ..	100 ..

*Third Year Students.*

Medicine .. ..	Tautasi Fa'atiga (W. Samoa) ..	75 ..
Surgery .. ..	Mahesh Prasad (Fiji) ..	82 ..
Anæsthetics ..	F. B. Vulaono (Fiji) ..	95 ..
Diseases of the Eye ..	Iakopo Esera (W. Samoa) ..	93 ..
Forensic Medicine ..	Iakopo Esera (W. Samoa) ..	90 ..
Materia Medica ..	Mahesh Prasad (Fiji) ..	86 ..

*Four Year Students.*

Medicine .. ..	B. R. Lomaloma (Fiji) ..	85 ..
Surgery .. ..	Ngaeikura Tou (Cook Is.) ..	85 ..
Obstetrics .. ..	Ngaeikura Tou (Cook Is.) ..	90 ..
Public Health ..	Ganga Ram (Fiji) ..	88 ..

An analysis of the lists of class prize winners for the last twelve years gives the following percentages:—Fiji, 73 prizes out of a total of 199 or 36.6 per cent; Western Samoa, 38 prizes or 19 per cent; Tonga, 32 prizes or 16 per cent; Cook Islands, 27 prizes or 13.6 per cent; all others, 29 prizes or 14.6 per cent. It must be remembered however that out of an average number of 43 students each year about 17 have been Fijians, 6 were Samoans, 4 were Tongans, 3 were Cook Islanders, and 13 were included in the words "all others." It is evident therefore that the Cook Islands students have received the greatest number of prizes in proportion to their numerical strength. This is due to their preliminary education at schools in New Zealand. In future years it may be considered advisable to restrict at least one prize to Melanesian or Micronesian students only, provided a reasonable standard is obtained. At the present time two of the gold medals for senior students are restricted to Fijian students in accordance with the wishes of the donors of these two particular medals.

8. *Lecturers.*—The following list gives the names of the lecturers and the subject taken during 1942:—

Surgery .. ..	Dr. R. J. Snodgrass and Dr. E. V. Maxwell
Medicine .. ..	Dr. D. C. M. Macpherson and Dr. E. V. Maxwell
Obstetrics .. ..	Dr. G. R. Hemming
Public Health ..	Dr. G. R. Baxter
Diseases of Children ..	Dr. W. M. Ramsay
Bacteriology ..	Mr. J. E. Pery-Johnston
Anæsthetics ..	Dr. G. R. Hemming
Dentistry .. ..	Mr. H. S. Mount
Child Hygiene ..	Dr. J. C. Cramer
Forensic Medicine ..	Dr. K. R. Steenson
Materia Medica ..	Mr. E. J. C. Seager
Anatomy .. ..	Dr. D. W. Hoodless
Physiology .. ..	Dr. D. W. Hoodless
Office Accountancy ..	Mr. A. S. Martin

It will be seen that the above list does not include for 1942 any lecturers for Chemistry, Physics and Biology; the reason being that in the absence of any first year students no lectures were given in these three pre-medical subjects.

In addition, numerous demonstrations in practical and clinical work were given by the members of the European nursing staff of the Colonial War Memorial Hospital. Training in practical bacteriological work was given by Mr. J. E. Pery-Johnston at the Laboratory, and a special course in practical work in meat inspection was repeated during 1942 by Mr. W. C. Cockell at the abattoir.

For several months during 1942 a considerable number of American medical officers were pleased to give clinical demonstrations in the hospital wards to the senior students. Many of the U.S. visitors are highly-trained specialists in various diseases, and the experience proved to be so beneficial to the students that several of the U.S. doctors were invited to assist in the final examinations for the fourth year students.

9. *Games.*—As in previous years, ample facilities for sports and games have been provided for all the medical students during 1942. Cricket, rugby, boxing and table-tennis are all regularly practised by the students. For the second year in succession the Medical School was unable to form a rugby team in the A grade. The C.M.S. rugby B team put up an excellent record for 1942, winning both the league and the "knock-out" shields in their grade. But the C.M.S. cricket team was again below average in spite of some good coaching by Mr. T. P. Mahon the Government Pharmacist who was an active member of the team. The Medical School sports ground in Brown Street is the only one in the Suva district which has not been taken over by the military authorities. It is in constant use by the medical students or the native nurses, and during 1942 I have considered it to be only fair and reasonable to allow no less than nine other associations to play cricket or football there. Most of these were Indian teams for whom no other sports ground was available.



10. *Terms and vacations.*—The school year is divided into four quarters. The students are given a period of two weeks at Christmas and again at the end of June. Half the number of students are "off duty" for two weeks, and then the other half have a two weeks' holiday. There are therefore two periods of four weeks in each year when no lectures are given. It is obvious that only a few students can enjoy these so-called holidays by going home to their own villages, but permission is readily given to any Samoan or Tongan students who have friends or relatives in Fiji to visit these friends during the holiday periods.

In December 1942, there were seven final year students belonging to distant Administrations and it was very difficult to arrange transport facilities for sending them back to their native land. The Tongan student returned to his home by aeroplane; the two Samoans returned by a U.S. naval vessel; the two Cook Islanders returned via New Zealand on an ordinary passenger steamer, and the remaining two are being temporarily employed in the Fiji medical service until peaceful conditions are restored in Nauru and the Gilbert Islands.

11. *Board meetings.*—There were five meetings of the Central Medical School Advisory Board during 1942. Board meetings during the last four years have been held at intervals not exceeding four months. As soon as a new set of quarterly examination marks has been completed a meeting of the Advisory Board is convened, so that in future no long intervals without a Board meeting should occur.

Owing to war conditions the scheme of co-operation between the original seven participating Administrations has had to be modified in many ways. One of the chief changes has been in the ratio of Fijian to "foreign" students. This was at first intended to keep on a 20-20 basis, but during 1942 it had already changed to a 17-28 basis. Up to the present time no definite statements have been received from any of the participating Administrations in regard to the total number of qualified Native Medical Practitioners required for their local medical services; and the Advisory Board is without any definite information as to how long each Administration will continue to send native youths for medical training at Suva.

12. *Visitors.*—During peace-time conditions the average number of visitors each year was about 120, but during war conditions the only visitors to the Medical School have been military or naval medical officers; apart from the usual visits of senior Government Officers in Fiji.

13. *Finance.*—The annual cost per student has varied between £67 and £82. The exact figure for 1942 is not yet available although it has been estimated at £81 approximately. This annual expenditure covers board and lodgings, tuition fees, maintenance expenses, clothing, servants' wages, and a pocket-money allowance of 10s. per month per student. It is seen that each student costs about £75 per annum so that the four years' course of training costs about £300 per head, to which must be added any extra expenditure for transport to and from Fiji. The original capital expenditure for buildings and equipment was about £170 per student, and a proportion of this capital expenditure must be added if the total cost of training a Native Medical Practitioner is to be estimated. This proportion is different for each participating Administration and varies in accordance with the maximum number of trained men required; and may be approximately stated as Tonga, £42; Gilbert and Ellice Islands, £35; and Western Samoa, £20.

14. *Graduation ceremony.*—On Monday, January 18th, 1943, a graduation ceremony was held in the Legislative Council Chamber, Suva, at which His Excellency Sir Philip Mitchell, K.C.M.G., M.C., presided, and certificates were conferred on nine graduates of the Medical School who were present and on four more in *absentia*. Gold medals, special prizes and class prizes won during 1942 were also presented. This graduation ceremony was opened by His Excellency taking the opportunity to confer the honour of C.M.G. on the Director of Medical Services, Dr. V. W. T. McGusty. Following the presentation of prizes Dr. D. C. M. Macpherson, Assistant Director of Medical Services, administered the oath of Hippocrates to the newly-qualified Native Medical Practitioners who then received their diplomas from His Excellency, who then concluded the ceremony with a very impressive address. A full report of this address was printed in the *Fiji Times and Herald* of January 19th, 1943.

15. *Conclusion.*—The Central Medical School has now completed its first fourteen years of service, having trained 117 Native Medical Practitioners during that period, so that an average of eight native medical assistants have been sent out each year.

Acknowledgement is hereby gratefully given to the general direction and control exercised by the Director of Medical Services, Dr. V. W. T. McGusty, C.M.G., O.B.E., and to the friendly and cordial co-operation of all the twelve members of the honorary staff throughout the year.

Suva, 31st March, 1943.

D. W. HOODLESS,  
Principal.



